# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08747

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owensville
STREET ADDRESS (If rural, give location) Prince Fred. Md.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Sadie | Sarah | Beau | 9 - | 14 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | C. | | Feb 20 1900 | 51 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| House Wife | | Calvert Co Md | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Phillips | Mary F. Boome. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | 220-09-6567 | Ella Banister Owensville. Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 9/1, 1951, to 9/13, 1951, that I last saw the deceased alive on 9/16, 1951, and that death occurred at 5 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H Owens | MD | Huntingtown Md | 9/14/51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 9-16-51 | St Johns | Luby, Ark. | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9-17-51 | N. H. Ward | P. E. Sewell. | |

RECEIVED
SEP 19 1951
BUREAU V. S.

08748

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 103-63 place

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Edward (Last) Good
4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Nov 15 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R R Retired
10b. KIND OF BUSINESS OR INDUSTRY R R
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Good
14. MOTHER'S MAIDEN NAME Emma Minnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Louise Payne 103-61 Place Capitol

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6 mos

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Age

93d (c) Died 4. P.M.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dropped dead when he moved to hep

19a. DATE OF OPERATION from Chair
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H Howard (Degree or title) ADDRESS Owing DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/7/51
NAME OF CEMETERY OR CREMATORY Cedar Hill MC
LOCATION (City, town, or county) Anacostia (State)

DATE REC'D BY LOCAL REG. 9/4/51
REGISTRAR'S SIGNATURE H Howard
24. FUNERAL DIRECTOR Chamber Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

VVV 506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08749

# CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY CALVERT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SOLOMONS
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Jack (Last) Johnston
4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov. 24 - 1880
9. AGE last birthday 70 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pa. State Road -
10b. KIND OF BUSINESS OR INDUSTRY Hauling
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Johnston -
14. MOTHER'S MAIDEN NAME (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no - (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 198-18-2259
17. INFORMANT AND ADDRESS John H - Miller -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 11 hr.

Antecedent cause(s) 420.1 94a (b) Cardiac Degeneration — 14 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE ✓ (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from ....., 19....., to Sept. 12, 1951, that I last saw the deceased alive on Sept 6, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE E. S. Coster - (Degree or title) M.D. - ADDRESS Solomons - Md. DATE SIGNED 9/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept 14-51
NAME OF CEMETERY OR CREMATORY Methodist -
LOCATION (City, town, or county) Solomons, (State) Md.

DATE REC'D BY LOCAL REG. 9/12/51
REGISTRAR'S SIGNATURE Dr. E. S. Coster
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual Md.

683 246

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